



Transfer Student Documentation

Student Name	Initials	Birthdate	Today's Date
Parent(s) Name	Previous District/State		Date of Enrollment
	<u>Current</u> District/School		Date IEP Documentation Received:

Complete this section for students who have transferred within the state of Montana.

The student's IEP from the previous school district was:

- ☐ Implemented without change on _____ (date)
☐ Implemented as amended on _____ (date)
☐ Not received. A new IEP was developed on _____ (date)

Date of most recent annual IEP prior to enrollment: _____

Date of most recent eligibility determination: _____

Complete this section for students who transferred to Montana from another state.

The student's IEP from the previous school district was:

- ☐ Implemented without change on _____ (date)
☐ Implemented as amended on _____ (date)
☐ Not received. A new IEP was developed on _____ (date)

Date of most recent annual IEP prior to enrollment: _____

On _____ (date) it was determined that:

- ☐ The student is eligible to be identified as a student with a disability in the state of Montana.
The student's disability category(ies) is: _____.
- ☐ A comprehensive initial evaluation must be conducted to determine if the student is eligible to be identified as a student with a disability in the state of Montana.

Administrator or Designee

Special Education Teacher